

Practitioner's Docket No. MM9021PCT(US)

PATENT

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION, OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: *(check one applicable item below)*

- ☐ original
- ☐ design
- ☒ national stage of PCT
- ☐ supplemental
- ☐ divisional
- ☐ continuation
- ☐ continuation-in-part (C-I-P)

INVENTORSHIP IDENTIFICATION

WARNING: *If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.*

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor *(if only one name is listed below)* or an original, first and joint inventor *(if plural names are listed below)* of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

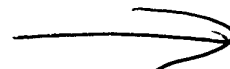
TITLE OF INVENTION

SHELVING SYSTEM

SPECIFICATION IDENTIFICATION

The specification of which: *(complete (a), (b), or (c))*

- (a) ☐ is attached hereto.
- (b) ☐ was filed on _____, as ☐ Application No. ____/_____
or ☐ _____ and was amended on _____ *(if applicable)*.
- (c) ☒ was described and claimed in PCT International Application No. PCT/JP03/09356
filed on July 23, 2003 and as amended under PCT Article 19 on _____
(if any).



ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and

(also check the following items, if desired)

- [x] in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 C.F.R. § 1.98.

PRIORITY CLAIM (35 U.S.C. § 119(a)-(d))

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) [] no such applications have been filed.
(e) [x] such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

**PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)**

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
Japan	2002-224287	1, 8, 2002	[x]YES []NO
			[]YES []NO
			[]YES []NO
			[]YES []NO
			[]YES []NO



10/521616

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)
(35 U.S.C. § 119(e))

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER

FILING DATE

_____/_____
_____/_____
_____/_____

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

APPOINTED PRACTITIONER(S)

REGISTRATION NUMBER(S)

Mark Kusner
Michael A. Jaffe
Thomas D. McClure, Jr.

Registration No. 31,115
Registration No. 36,326
Registration No. 54,302



I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO:

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Mark Kusner, Esq.
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Highland Heights, OH 44143

Mark Kusner, Esq.
(440) 684-1090

Customer Number: 22203

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

10/521616

SIGNATURE(S)

Full name of sole or first inventor

Joji
(Given Name)

(Middle Initial or Name)

Hatanaka
Family (Or Last Name)

Inventor's signature Joji Hatanaka

Date January 7, 2005 Country of Citizenship Japan

Residence: c/o DAIFUKU CO., LTD., Shiga Plant
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Post Office Address: Same as residence JPK

Full name of second joint inventor, if any

(Given Name)

(Middle Initial or Name)

Family (Or Last Name)

Inventor's signature _____

Date _____ Country of Citizenship _____

Residence: _____

Post Office Address: _____

Full name of third joint inventor, if any

(Given Name)

(Middle Initial or Name)

Family (Or Last Name)

Inventor's signature _____

Date _____ Country of Citizenship _____

Residence: _____

Post Office Address: _____

Full name of fourth joint inventor, if any

(Given Name)

(Middle Initial or Name)

Family (Or Last Name)

Inventor's signature _____

Date _____ Country of Citizenship _____

Residence: _____

Post Office Address: _____